

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	S A	68900 24	2 - 9 - 00

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Cancelled	A	Appeal
Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	✓	1	✓	1	✓
2	✓	2	✓	2	✓
3	✓	3	✓	3	✓
4	✓	4	✓	4	✓
5	✓	5	✓	5	✓
6	✓	6	✓	6	✓
7	✓	7	✓	7	✓
8	✓	8	✓	8	✓
9	✓	9	✓	9	✓
10	✓	10	✓	10	✓
11	✓	11	✓	11	✓
12	✓	12	✓	12	✓
13	✓	13	✓	13	✓
14	✓	14	✓	14	✓
15	✓	15	✓	15	✓
16	✓	16	✓	16	✓
17	✓	17	✓	17	✓
18	✓	18	✓	18	✓
19	✓	19	✓	19	✓
20	✓	20	✓	20	✓
21	✓	21	✓	21	✓
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23	✓	23	✓	23	✓
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26	✓	26	✓	26	✓
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28	✓	28	✓	28	✓
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146	✓	146	✓	146	✓
147	✓	147	✓	147	✓
148	✓	148	✓	148	✓
149	✓	149	✓	149	✓
150	✓	150	✓	150	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)